



## ***Texas Department of Insurance***

### ***Division of Workers' Compensation***

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## ***MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION***

### ***GENERAL INFORMATION***

#### **Requestor Name and Address**

DENISE BASKIND, MD  
3100 TIMMONS LANE, STE 250  
HOUSTON, TX 77027

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Tracking Number**

M4-11-2742-01

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "CARRIER REFUSES TO PAY FULL AMOUNT DUE FOR SERVICES RENDERED EVEN AFTER A REQUEST FOR RECONSIDERATION WAS SUBMITTED."

**Amount in Dispute:** \$950.00

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** "1. The requestor was asked to determine maximum medical improvement (MMI) and (IR) based on a CCH order of 1/18/11. (Attachment 1) 2. The requestor provided designated doctor services 2/18/11 by determining maximum medical improvement (MMI) and impairment (IR) then billed Texas Mutual \$650.00 for this with four units of code 99456-W5 followed by one unit of 99456-W6. 3. Texas Mutual paid the requestor \$350.00 for the MMI exam. The requestor assessed IR for the lumbar, thoracic, and cervical spine using the DRE method. Texas Mutual paid \$150.00 for this in accordance with Rule 134.202 at (j)(4)(C). "For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. (i) Musculoskeletal body areas are defined as follows: (I) spine and pelvis; (II) upper extremities and hands; and, (III) lower extremities (including feet). (ii) The MAR for musculoskeletal body areas shall be as follows. (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4<sup>th</sup> edition is used. The requestor assessed IR for a non-musculoskeletal area, post-concussion of the head. Texas Mutual paid \$150.00 for this consistent with Rule 134.204(4)(D)(v), which states the MAR for the assignment of an IR is a non-musculoskeletal body area is \$150.00. The requestor assessed IR of the lower extremities, Texas Mutual denied payment for this because they are not part of the compensable injury. The requestor assessed IR of the upper extremities. Texas Mutual denied payment for this since this was addressed by a previous DD exam on 6/14/10. (Attachment 2) The requestor determined the extent of the compensable injury as indicated under no. 2 above. Texas Mutual denied payment of this because the HO's Order did not request it. For these reasons no further payment is due."

**Response Submitted by:** Texas Mutual Insurance Company, 6210 E. Hwy 290, Austin, Texas 78723

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 08, 2011	99456-W5-WP and 99456-W6-RE	\$950.00	\$300.00

## **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated March 11, 2011
  - CAC-W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT
  - 748 – TYPE OF EXAMINATION WAS NOT REQUESTED (REFER TO DWC 22 OR DWC 32).
  - 790 – THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE.Explanation of benefits dated March 30, 2011
  - CAC-W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT
  - CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
  - 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824
  - 748 – TYPE OF EXAMINATION WAS NOT REQUESTED (REFER TO DWC 22 OR DWC 32).

### **Issues**

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. The requestor billed the amount of \$1,100.00 for CPT code 99456-W5-WP for DD examination for Maximum Medical Improvement/Impairment Rating (MMI/IR). Review of the documentation supports that the doctor assigned MMI. Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I), the MAR for an IR using Diagnosis Related Estimates (DRE) Category I method on the cervical, lumbar, and thoracic (spinal region) is \$150.00. The IR per AMA Guides to the Evaluation of Permanent Impairment, 4<sup>th</sup> Edition for non musculoskeletal condition of head contusion per 28 Texas Administrative Code §134.204 (j)(4)(D)(iv) and (v) with a MAR of \$150.00. The bilateral knees (lower extremities) were rated with ROM but are not part of the compensable injury and are not reimbursable. The respondent did not pay the IR to the upper extremities as they had been rated already on previous DD exam. The whole person IR is evaluated with all compensable body areas as an entirely new physical examination/testing with new results and is payable. Documentation supports a new ROM examination and rating of the shoulder (upper extremities) per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(a) with a MAR of \$300.00. The requestor also billed \$500.00 for an extent of injury (EXT) examination with CPT code 99456-RE-W6. An EXT examination was not requested by the Division as it had already been established by another DD on November 16, 2010 and is not payable. The Division order lists the areas/conditions as a head contusion, cervical, lumbar, and left shoulder sprain/strain. As the elbow and lower extremities are not part of compensable injury, payment is not recommended for the IR to these areas. The MAR is \$950.00 for the payable services.
2. Requestor has been reimbursed \$650.00 on CPT code 99456-W5-WP, therefore \$300.00 is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$300.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$300.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### Authorized Signature

_____	_____	February 17, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**